



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
HEADQUARTERS, CARL R. DARNALL ARMY MEDICAL CENTER
36000 DARNALL LOOP
FORT HOOD, TEXAS 76544-4752

MCXI-CO

6 November 2014

SUBJECT: Minutes of the Health Care Advisory Council

1. The Health Care Advisory Council (HCAC) was held on Tuesday, 21 October 2014, at the Community Events Center. COL Kondrat called the meeting to order and provided opening comments.

a. Attendees from the Medical Center were present:

COL Kondrat, Brian	Deputy Cmdr for Nursing & Patient Services
LTC Belew, John	Chief of Staff
COL Tiffany, Carolyn	Deputy Cmdr of Clinical Services
COL Grantham, Marjorie	Chief, Preventive Medicine
COL Blunt, Anna	Chief, Maternal Child Health
MAJ Ploof, Brenda	Maternal Child Health
1LT Matthews, Sarah	Robertson Blood Center
MAJ Klonik, Lyle	Pharmacy
Dr. Alvarez, Adam	Pharmacy
Lauer, Charles	Business Operations Division
Lowery, Guynes	HUMANA
Cade, Mikaela	CRDAMC, PAO
Quiney, Alisha	Patient Services
Walrond, Wade	Red Cross, Senior Station Manager

b. Others present:

CPT Overton, Carmina	Div West Surgeon Office
CPT Langer, Brandi	Div West
Ashley, Heather	III Corps PAO/Fort Hood Sentinel
Balcer, Twyla	CRDAMC, FRSA
Lesperance, Kelly	III Corps
Cox, AnnaMarie	III Corps
Griffith, April	WTB FRSA
McFarlane, Gwen	NCO Academy
Bills, Megan	1 st CD
Van Wagenen, Stefanie	34 BCT

2. OLD BUSINESS:

a. Patient Services – COL Kondrat stated that we are continuing to watch all areas

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of patient experiences. We have seen a 10% increase in the overall TRISS satisfaction rate for the last 3rd quarter. We are continuing to collect data and statistics and develop improvement projects to increase patient satisfaction scores. One improvement is to involve the Patient Service Office staff interaction with inpatients to survey their experience during overnight admissions. He thanked committee members and encouraged them to continue to submit feedback.

b. Business Operations Division (BOD) – Mr. Charles Lauer, COL Kondrat, COL Tiffany and LTC Belew:

(1) Military Health System (MHS) and Urgent Care Clinic (UCC) Referrals – COL Kondrat stated that the MHS reviewed and found that access to care was an issue across the DOD MTFs. He ensured committee members that this is being worked. Mr. Lauer stated we are allowing pediatric patients that are enrolled to a CRDAMC PCM to be issued referrals to three urgent care clinics which are located in Copperas Cove, Harker Heights, and Temple. The referrals will be offered to pediatric patients between the ages of 0-18 that are not able to be seen within a 24 hour timeframe at CRDAMC clinics for acute care issues only. COL Kondrat informed that this is only for the flu season and not on a permanent basis. If a patient is seen at one of the clinics without an authorized referral, the patient still can be seen under the Point of Service option but there is a \$300.00 deductible plus 50% of the remaining charges that will be paid out of pocket by the patient. You must contact Patient Appointments to start the process and they must exhaust all avenues to book the patient at a CRDAMC clinic before the authorization for a UCC referral is initiated. BOD will issue the referral to the gaining urgent care clinic and in return the records for that visit will be faxed to CRDAMC to be uploaded into the patient's electronic record. COL Tiffany added the conditions for the UCC referrals will not be authorized for immunizations, physical or well-baby visits. Only the acute care condition/symptoms documented on the referrals will be covered. The Nurse Advice Line cannot issue or authorize these referrals. Please make sure that you contact Patient Appointments at (254)288-8888 to ensure that you are not stuck with a bill and start the process through the appropriate channels. There is always the option to utilize the CRDAMC ER if all else fail and you feel that your child needs immediate care. The UCC referrals will only be issued during normal weekdays. Mrs. Cade stated an article will be posted in the Fort Hood Sentinel.

(2) Pediatric Behavioral Health – Pediatric patients are also having challenges with access to care. Mr. Lauer stated there is currently a four-month waiting list. If you are experiencing long wait times ask for a referral to a civilian that covers pediatric behavioral health. CRDAMC is in the process of trying to hire more staff.

(3) After Hour Care Clinic and ER – An After Hour Care Clinic is on schedule to become operational as soon as all details and staffing has been finalized. A committee member asked about the triage process in the ER. COL Tiffany stated that patients are

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triaged by vitals, weight and symptoms. They are then categorized by the sickest patient receiving priority. Of course the priority that you are assigned can change, as emergent patient (i.e. asthma or difficulty breathing, heart attack or stroke, and/or life-threatening accident victims) present to the ER. If you experience a long wait while in the ER, you can always check with the front desk to receive updates on your priority order.

(4) Canceling Appointments – LTC Belew responded to a committee member's concern about the importance of canceling appointments instead of no-showing. He stated that it is critical in order to help patients needing an appointment to be seen and to help decrease the access to care shortage. Our no-show rate for family members is 13%. Active Duty Soldiers command are notified when they no-show. However, there are currently no penalties or enforcement guidelines that apply to family members. This is a continued challenge that continues to have a negative impact on access to care.

(5) Bennett Health Clinic – The Bennett Health Clinic is changing to a Soldier Centered Medical Home. Bennett pediatric patients were re-assigned to the Thomas Moore and Russell Collier Health Clinics. Also, when the new hospital opens there will be a pediatric clinic and a pediatric pharmacy in the main hospital building.

(6) Secure Messaging System, RelayHealth, and TRICARE Online – Patients can continue to book appointments when enrolled to TRICARE Online services. The available slots that appear on the patient's screen may be limited due to having to cut back some appointment types to eliminate confusion and ensure that the appropriate time is allotted to providers to cover the patient's condition. If you don't see an appointment time that you can accept, please contact your PCM telephonically, by SMS or contact Patient Appointments to enter a T-CON. You may be able to resolve concerns without needing to book an appointment. One committee member stated that she is no longer receiving text messages for appointment reminders or pending referrals. LTC Belew stated that we will take a look at the system and see if this is a function that can be corrected or restarted. Another committee member asked about the ability to review labs and X-ray results on RelayHealth. COL Kondrat stated that he would ensure to see if this can be addressed at the next HCAC by COL Hauger or LTC Watson from the Department of Family Medicine Residency.

c. Robertson Blood Center – 1LT Matthews stated that if they are in need of a specific blood type, you may see signs posted requesting those specific blood type donors. Hours to donate can be found on the CRDAMC webpage or by calling (254)285-5808. We have received funding for a bloodmobile and this should make it easier for units and groups to participate.

d. Baby Expo – COL Blunt stated that the Baby Expo is scheduled for 25 October 2014 starting from 10:00 a.m. – 2:00 p.m. at the hospital's main entrance. She invited all expecting mothers and families to come out and participate.

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There will be a lot of education geared towards the baby's first year of life. They will have a bouncy house for small kids, foods and drinks, vendors and tours of L&D and the Mother Baby Unit.

e. Pharmacy – MAJ Klonik and Dr. Alvarez provided committee members with flyers for utilizing the electronic prescription option. One flyer outlines instructions for civilian network providers ordering the prescription through the CRDAMC pharmacy. The other flyer provides patients information concerning the electronic process and pick-up. The electronic option went live at CRDAMC on 17 October 2014. They expect that this option will be used more as network providers are notified by HUMANA that the option is available. The patients will still have to pick a service ticket when coming to the main pharmacy to pick up their prescription. They stated to please have patience since this is a new feature and we are currently 12 pharmacy technicians short. The future plan is to have this option available and utilized at all of the CRDAMC pharmacies. However, this is a ways off due to the staff shortages and the introduction of the new feature possibly requiring additional time to ensure all glitches are worked out before providing this option at CRDAMC satellite pharmacies. All other pharmacy options still exist, including the drop-off option, the mail order option or filling medications at civilian pharmacies. However, when filling prescriptions at civilian pharmacies dependents will have a co-pay. Active Duty Soldiers can utilize civilian pharmacies without a co-pay. However, Walgreens does not participate in TRICARE, so prescriptions are not covered by TRICARE if prescriptions are filled at a Walgreens location.

f. Red Cross – Mr. Walrond stated that they are losing two staff members on 31 October 2014. One of the positions is at the hospital and he will be coming by the hospital to fill in when his schedule permits. He requested members inform the public that Red Cross volunteers are needed. He is also going to verify the minimum age required to volunteer and bring that information to the next meeting. If you are interested in volunteering please contact the main Red Cross Office at (254)287-0400.

3. NEW BUSINESS AND PANEL COMMENTS AND UPDATES:

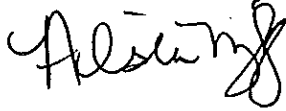
a. Retiree Health Fair – COL Grantham stated that the 40th Annual Retiree Health Fair is scheduled for 1 November 2014 from 9:00 a.m. – 2:00 p.m. at the Thomas Moore Health Clinic. Retirees can receive shingles, tetanus, and flu, etc. immunizations, blood pressure, dental, and diabetic medical screenings and talk to healthcare professionals.

b. A committee member asked if CRDAMC clinic locations can be included on the Fort Hood Map in the future. This would be very helpful to new arrivals on Fort Hood. COL Kondrat stated he will ensure that Mrs. Cade is made aware and make contact with the publishers of the Fort Hood map. Hopefully this can be included in the future publication.

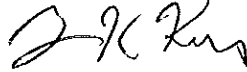
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4. The next HCAC meeting will be Wednesday, 19 November 2014, at 1030 hours at the Community Events Center. Please send agenda items before the 12 November 2014 to Ms. Quiney or Mrs. Williamson at alisha.m.quiney.civ@mail.mil or leslie.m.williamson.civ@mail.mil.



Alisha M. Quiney
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